North Carolina

Addressing Cancer Concerns From a Comprehensive and Family Health-Oriented Perspective

Public Health Problem

Colorectal cancer is the second leading cause of cancer death among North Carolinians. In 2001, about 1,700 adults in North Carolina died of colorectal cancer. Because people are not participating in routine screenings, only about 35% of colorectal cancers are detected in the curable, early stages.

Evidence That Prevention Works

The state's 11 years of experience in conducting the Breast and Cervical Cancer Control Program (BCCCP) through local health departments provide a successful model for reducing deaths from cancer by using a comprehensive approach to cancer control. This approach involves integrating and coordinating various cancer control activities at the community level, including public and professional education, early detection services, monitoring, and evaluation.

Program Example

To address the colorectal cancer control goals included in the state's cancer plan, the North Carolina Division of Public Health's Comprehensive Cancer Unit (CCU) applied "lessons learned" in implementing the BCCCP. The CCU designed a pilot project to conduct colorectal cancer screening in 10 local health departments encompassing 15 counties in diverse regions of the state. This 6-month pilot project conducted during 2000 was partially funded by CDC. The project specifically targeted low-income women with little or no health insurance and raised awareness about the importance of early detection. Already participating in the state's BCCCP, these women were encouraged to participate and to invite their husbands to take advantage of the colorectal cancer screening program. The CCU provided educational materials, an in-service educational program on colorectal cancer for the local staff, fecal occult blood test (FOBT) kits for all participants aged 50 or older, funding for staff time and administrative costs (including transportation), and funds to cover additional diagnostic testing of positive results. Participants received information on colorectal cancer and were offered FOBT kits. A total of 1,478 participants (including more than 240 men) were counseled and offered FOBT kits; 1,226 took the kits home, and 706 (including more than 100 men) completed and returned the test kits. Of these, 148 tests were positive, resulting in 107 successful referrals for follow-up testing. (Some clients declined further testing.) Ten precancerous polyps (three among men) were found, and four cancers (two among men) were diagnosed.

Implications

This pilot program demonstrates the feasibility of screening in a local health department setting and the potential value of addressing cancer concerns from a comprehensive and family health-oriented perspective. Because of the extensive reach these agencies have in the community, they can be helpful in raising public awareness about the importance of early cancer detection and in encouraging people to use screening programs.

Contact Information

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